



# House of Representatives

General Assembly

**File No. 593**

February Session, 2014

Substitute House Bill No. 5402

*House of Representatives, April 16, 2014*

The Committee on Appropriations reported through REP. WALKER of the 93rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

***AN ACT CONCERNING WAIVERS FOR MEDICAID-FINANCED, HOME AND COMMUNITY-BASED PROGRAMS FOR INDIVIDUALS WITH ACQUIRED BRAIN INJURY.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17b-260a of the general statutes is repealed and  
2 the following is substituted in lieu thereof (*Effective July 1, 2014*):

3 (a) The Commissioner of Social Services shall seek a waiver from  
4 federal law to establish a Medicaid-financed, home and community-  
5 based program for individuals with acquired brain injury. Such waiver  
6 shall be submitted no later than October 1, 1995, and shall be operated  
7 continuously to the extent permissible under federal law.  
8 Notwithstanding the addition of any new waiver program serving  
9 such individuals, the commissioner shall ensure that services provided  
10 pursuant to this subsection are not phased out and that no person  
11 receiving such services is institutionalized in order to meet federal cost  
12 neutrality requirements for the waiver program established pursuant

13 to this subsection.

14 (b) The commissioner may seek federal approval for a second  
15 waiver, in addition to the waiver described in subsection (a) of this  
16 section, from federal law for a Medicaid-financed, home and  
17 community-based program for individuals with acquired brain injury.

18 (c) There is established an advisory committee for the waiver  
19 program established pursuant to subsection (b) of this section  
20 consisting of the chairpersons and ranking members of the joint  
21 standing committees of the General Assembly having cognizance of  
22 matters relating to human services, public health and appropriations  
23 and the budgets of state agencies, or their designees, provided such  
24 designees shall include consumers and providers of services under  
25 said waiver program. The Commissioners of Social Services and  
26 Mental Health and Addiction Services, or their designees, shall also  
27 serve on the advisory committee. The chairpersons of the advisory  
28 committee shall be: (1) A chairperson of said joint standing  
29 committees, or such chairperson's designee, chosen by the  
30 chairpersons of said joint standing committees; (2) a ranking member  
31 of said joint standing committees, or such ranking member's designee,  
32 chosen by the ranking members of said joint standing committees; and  
33 (3) the Commissioner of Social Services or the Commissioner of Mental  
34 Health and Addiction Services, or such commissioner's designee,  
35 chosen by such commissioners. The advisory committee shall meet not  
36 less than four times per year and shall submit an initial report, in  
37 accordance with the provisions of section 11-4a, not later than  
38 February 1, 2015, to the joint standing committees of the General  
39 Assembly having cognizance of matters relating to human services,  
40 public health and appropriations and the budgets of state agencies on  
41 the impact of the individual cost cap for the waiver program  
42 established pursuant to subsection (b) of this section and any other  
43 matters the advisory committee deems appropriate. For purposes of  
44 this subsection, "individual cost cap" means the percentage of the cost  
45 of institutional care for an individual that may be spent on any one  
46 waiver program participant.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	<i>July 1, 2014</i>	17b-260a
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***Statement of Legislative Commissioners:***

New language concerning the advisory committee was moved from subsection (b) to new subsection (c) for clarity and adherence to standard drafting conventions.

**APP**      *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

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**OFA Fiscal Note****State Impact:**

Agency Affected	Fund-Effect	FY 15 \$	FY 16 \$
Various State Agencies	GF - Potential Cost	Less than 1,000	None
Resources of the General Fund	GF - Revenue Gain	Potential	Potential

**Municipal Impact:** None

**Explanation**

The bill requires the current acquired brain injury (ABI) waiver to be continuously operated and that no person receiving services under the waiver shall be institutionalized in order to meet cost neutrality. As this language is not anticipated to alter the manner in which the waiver is currently operated, there is no fiscal impact.

The bill also allows the Department of Social Services to seek a second ABI waiver, but does not specify the size nor scope of the waiver. Most individuals on the current ABI wait list are currently receiving state funded services from the Department of Mental Health and Addiction Services. Should this second waiver succeed in gaining federal reimbursement for these costs, additional state revenue may result.

There may be a cost of less than \$1,000 in FY 15 to those agencies participating in the advisory committee to reimburse legislators and agency staff for mileage expenses.

**The Out Years**

The annualized ongoing fiscal impact identified above would

continue into the future subject to inflation.

**OFA Bill Analysis****sHB 5402*****AN ACT CONCERNING WAIVERS FOR MEDICAID-FINANCED, HOME AND COMMUNITY-BASED PROGRAMS FOR INDIVIDUALS WITH ACQUIRED BRAIN INJURY.*****SUMMARY:**

The bill requires the Department of Social Services (DSS) to continuously operate the current Medicaid acquired brain injury (ABI) waiver. It further specifies that services under this waiver not be phased out and that no individuals receiving services be institutionalized in order to meet federal cost neutrality requirements.

The bill also requires the DSS commissioner to seek federal approval for a second ABI waiver.

The bill establishes an advisory committee for the ABI waiver. The committee consists of the chairpersons and ranking members (or designees) of the Human Services, Appropriations and Public Health committees, as well as the commissioners of Social Services and Mental Health and Addiction Services. The committee must meet no less than four times per year. The committee must submit to the General Assembly an initial report concerning the impact of the individual cost cap in the proposed second ABI waiver by February 1, 2015.

EFFECTIVE DATE: July 1, 2014

**BACKGROUND*****ABI Waiver***

Since 1999, DSS has offered home- and community-based services to adults under age 65 with ABIs who, without the services, would have to be institutionalized. The program offers 18 services, some of which are not medical in nature, such as supported employment, vehicle

modifications, and help with chores. DSS runs this program under a federal Medicaid Section 1915c waiver, since the regular Medicaid program would not authorize coverage for many of the services.

**COMMITTEE ACTION**

Appropriations Committee

Joint Favorable Substitute

Yea 45 Nay 3 (04/01/2014)